

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

64533

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 8 days IN ARIZONA 20 yrs.	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
		A. STATE Arizona	B. COUNTY Maricopa
C. CITY OR TOWN Phoenix	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Chandler	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 185 Sargosa Street	
3. NAME OF DECEASED (TYPE OR PRINT) OSCAR	A. (FIRST) SACKS	B. (MIDDLE)	C. (LAST)
6B. NAME OF SPOUSE Mary Sacks	7. DATE OF BIRTH MONTH DAY YEAR 1 13 1891	8. AGE (IN YEARS LAST BIRTHDAY) 63	4. SEX Male
9B. KIND OF BUSINESS OR INDUSTRY Coal Mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Belgium	11. CITIZEN OF WHAT COUNTRY? Belgium	5. COLOR OR RACE White
14A. FATHER'S NAME Unknown	14B. BIRTHPLACE (STATE OR COUNTRY) Belgium	15A. MOTHER'S MAIDEN NAME Unknown	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
16. INFORMANT'S SIGNATURE Mrs. Mary Sacks (Wife)	17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 22 1954	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Miner	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 601 X	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Anemia DUE TO (B) Hydropneumonia DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		13. SOCIAL SECURITY NO. Unknown
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 14, 1954, TO Nov. 22, 1954, THAT I LAST SAW THE DECEASED ALIVE ON Nov. 22, 1954, AND THAT DEATH OCCURRED AT 10:20 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE (OF CLERK OR TITLE) Charles J. Henderson M.D.		22B. ADDRESS Maricopa Co. Hospital, Phoenix	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix Maricopa Arizona		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	
23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS	
24C. DATE SIGNED		24D. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Nov. 26, 1954	
25C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
26A. DATE REC. BY LOCAL REG. 11/23/54		26B. REGISTRAR'S SIGNATURE Buelah Johnston	
27A. FUNERAL DIRECTOR'S SIGNATURE Frank S. Buckley		27B. ADDRESS Chandler, Arizona	